

REGISTRATION FORM

(One form per person. Duplicate as needed.)

SEARUC 2009 Annual Conference

JUNE 21 - 24, 2009 CHARLESTON, SC

1. Registrant Information: Complete registration form and return by mail with check.

Registrant: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

2. Registration Fees [all inclusive]

	Early before 4/17	Regular before 5/29	On-Site after 5/29
[] Commissioners/Staff	\$375	\$400	\$425
[] All Others	\$450	\$500	\$550

Registration Fees Total: _____

3. Guest Fees

[] Spouse/Guest	\$125	\$125	\$125
[] Child 16 & Older	\$75	\$75	\$75
[] Child 15 & Under	\$0	\$0	\$0

Spouse/Guest name: _____

Child name: _____ Age: _____

Guest Fees Total: _____

4. Meeting Activities: Please check all of the activities you plan to attend. All registration fees grant access to all SEARUC functions.

[] 6/21 President's Welcome

[] 6/22 Cont. Breakfast

[] 6/22 President's Reception

[] 6/23 Cont. Breakfast

[] 6/23 SEARUC Lunch

[] 6/23 Evening at the Hunley (Limit 225 people)

5. Payment: Total Due: _____

Please mail registration form and payment drawn on a U.S. Bank payable to:

SEARUC 2009
c/o Public Service Commission of SC
PO. Drawer 11649
Columbia, SC 29211-1469

Contact Melissa Purvis
@ 803-896-5180 for additional
information.

6. Contact Information

Emergency Contact: _____

Phone No. _____

7. Waiver:

SEARUC 2009 PARTICIPANTS RELEASE: I understand that there may be elements of risk associated with the activities and events of the SEARUC 2009 Conference hosted by the South Carolina Public Service Commission ("SCPSC"). Given that understanding, I hereby release and agree to indemnify and hold harmless the SEARUC, the SCPSC, the State of South Carolina, and all SEARUC, SCPSC and State of South Carolina employees, representatives and agents from any and all claims of any nature arising from my participation in the SEARUC 2009 Conference activities and events. Further, this waiver of liability shall expressly apply to all of my minor children that participate in such SEARUC 2009 Conference activities and events.

[] Check here to accept the above Waiver.

Cancellation Policy: Written requests received before May 29th will be honored (*less a \$50 processing fee*). Substitutions are accepted at any time during this meeting. No refunds after May 29th without documentation of a medical emergency or flight cancellation by the airline. Cancellations by phone are not accepted. If you register in advance and do not attend or cancel, you are still responsible for the full registration fee!

Pre-Registration Policy: Deadline for pre-registration is Friday, May 29th, 2009. After this date, registrations must be processed on-site at the commencement of the meeting. No faxes or email will be accepted in the office after this date. Registrations will not be processed without a completed form and payment information.

FOR SEARUC USE ONLY

Date Received: _____

Amount: _____

Check: _____

Approval #: _____